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Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Personal Care Services

The Virginia Medicaid Program covers Personal Care for eligible individuals through the Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT). This chapter provides details of EPSDT Personal Care including the definition of the service, individual eligibility requirements, provider requirements and the service authorization process. EPSDT Personal Care services are available to Medicaid/FAMIS Plus members under 21 years of age and fee for service FAMIS members under the age of 19 who meet medical necessity criteria for the service.

The EPSDT program is Medicaid's comprehensive and preventive child health program for individuals under the age of 21. EPSDT was defined by law as part of the Omnibus Budget Reconciliation Act of 1989 (OBRA 89) legislation and includes periodic screening, vision, dental, and hearing services. Federal law (42 CFR § 441.50 et. Seq.) requires a broad range of outreach, coordination, and health services under EPSDT distinct from general state Medicaid program requirements. EPSDT is geared to the early assessment of children's health care needs through periodic screenings. The goal of EPSDT is to assure that health problems are diagnosed and treated as early as possible, before the problem becomes complex and treatment becomes costlier. Examination and treatment services are provided at no cost to the individual.

Section 1905(r)(5) of the Social Security Act (the Act) requires that any medically necessary health care service listed at section 1905(a) of the Act be provided to a Medicaid eligible individual through EPSDT even if the service is not available under the State's Medicaid plan to the rest of the Medicaid population. Any treatment service which is not otherwise covered under the State's Plan for Medical Assistance may be covered for a child through EPSDT as long as the service is allowable under the Social Security Act Section 1905(a) and the service is determined by DMAS, its service authorization contractor or a DMAS-contracted managed care organization (MCO) to be medically necessary. Determination of whether a service is medically necessary must be made on a case-by-case basis, taking into account a particular child's needs.

EPSDT Personal Care Services are designed to assist children under the age of 21 who meet the criteria for EPSDT Personal Care as defined in this supplement with activities of daily living (ADLs), instrumental activities of daily living (IADLs), medically necessary supervision and monitoring of self-administered medications. From the Centers for Medicare and Medicaid Services (CMS) publication *EPSDT: A Guide to States*, "The determination of whether a child needs personal care services must be based upon the child's individual needs and provided in accordance with a plan of treatment or service plan...The determination of whether a child needs personal care services must be based upon the child's individual needs and a consideration of family resources that are actually – not hypothetically – available." DMAS has established criteria for EPSDT Personal Care but each request must be individually reviewed based on the medical needs of the particular child and his or her family's ability to meet those needs.

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CMS also provided special guidance to states on services for children with Autism Spectrum Disorders in 2014. States must assure that families of children with Autism Spectrum and other Developmental Disorders, including Intellectual Disabilities (previously referred to as Mental Retardation), are aware of and have access to a broad range of services to meet the individual child’s needs. EPSDT Personal Care is one of these services.

Some individuals with a diagnosis of intellectual disabilities, autism and other, developmental disabilities, and individuals with behavioral health diagnoses may have active treatment needs that cannot be met exclusively by EPSDT Personal Care services. These individuals who meet the criteria for EPSDT Personal care may still receive EPSDT Personal Care services, however, community based services may be suggested to address the individual’s other treatment needs. Referrals should be made to appropriate community based care services such as the Commonwealth Coordinated Care (CCC) Plus Waiver (formerly known as the Elderly or Disabled with Consumer Direction (EDCD) Waiver), the Community Living (CL) Waiver, the Family and Individual Support (FIS) Waiver as well as other community mental health rehabilitation services that may be necessary to promote appropriate community based health care for each individual.

EPSDT Personal Care may not be authorized when the individual presents with needs that do not necessitate Personal Care services consisting of ADL supports. Each request for EPSDT Personal Care services will be reviewed on an individualized basis by DMAS or its contractor.

DEFINITIONS

Agency-Directed Personal Care Services – Personal care services provided by an agency chosen by the individual. The agency handles all of the employment components for the individual such as hiring and firing of the Personal Care assistant. The agency bills DMAS or its contractor for services provided.

Activities of Daily Living (ADLs) – Personal care tasks such as bathing, dressing, toileting, transferring, and eating/feeding.

Centers for Medicare & Medicaid Services (CMS) – The federal agency that administers the Medicare, Medicaid, and State Child Health Insurance (FAMIS) programs.

Community Setting – Services provided within the everyday routines and activities in which families participate, and in places where the family would typically be so that their daily life is supported. A community setting is one that would be considered a natural or normal place for a child or adolescent without disabilities to spend time alone, with peers, or with adults (related or not), e.g. child care setting, public library, shopping mall, restaurant.

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Consumer-Directed Personal Care Services – Personal care services provided by an assistant chosen by the individual. The individual or individual’s representative handles all of the employment components for the individual such as hiring and firing of the Personal Care assistant with the assistance of a Service Facilitation Provider. DMAS or its contractor reimburses the Personal Care assistant for services received.

Dependency – The need for assistance from someone else to perform a Personal Care task. Assistance can include hands on care, prompting, verbal cueing, multiple reminders and/or supervision.

EPSDT Screener – DMAS enrolled Physician, Physician Assistant, or Nurse Practitioner.

Instrumental Activities of Daily Living (IADLs) - Life activities including light housework, laundry, meal preparation, transportation, grocery shopping, using the telephone, assistance with self-administration of medication and money management.

Personal Care Services – Support services provided in the home and community settings necessary to maintain or improve an individual’s current health status. Personal care services are defined as help with ADLs and IADLs, monitoring of self-administered medications, and the monitoring of health status and physical condition.

Person Centered Plan of Care (POC) – The document used to record the individual’s service needs.

PROVIDER PARTICIPATION REQUIREMENTS

Agency-Directed Personal Care

The provider of services must be a home health organization licensed by the Virginia Department of Health (VDH) that has a current signed participation agreement with DMAS or a DMAS contracted managed care organization to provide Personal Care.

In addition to following requirements of the provider agreement, a Personal Care Agency must meet the following requirements:

Staffing Requirements

1. Registered Nurse (RN)

The provider must employ (or subcontract) and directly supervise a registered nurse (RN)

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who will provide ongoing supervision of all personal care assistants and licensed practical nurses (LPN). The RN must possess the following qualifications:

- A license to practice in the Commonwealth of Virginia;
- At least one (1) year of related clinical experience as a RN. Clinical experience may include work in an acute care hospital, public health clinic, home health agency, rehabilitation hospital, or nursing facility;
- A satisfactory work history as evidenced by two (2) satisfactory reference checks from prior job experience, including no evidence of abuse, neglect, or exploitation of incapacitated or older adults or children, recorded in the nurse’s personnel file. If the RN has worked for a single employer, one (1) satisfactory reference from a prior job experience and one (1) personal reference both with no evidence of abuse, neglect, or exploitation of an incapacitated or older adults or children is acceptable;
- The RN must submit to a criminal record check obtained through the Virginia State Police. If the individual receiving services is a minor, the RN must also submit to a search of the VDSS Child Protective (CPS) Central Registry. The provider must not hire any RN with findings of barrier crimes identified in 32.1-162.9:1 of the *Code of Virginia* or founded complaints in the CPS Central Registry; and
- Documentation of license, clinical experience, references, and evidence of a criminal background record check and central registry search if applicable must be maintained in the RN’s personnel file for review by DMAS staff.

2. Personal Care Assistant

Each personal care assistant hired by the provider must be evaluated by the provider to ensure compliance with qualifications as required by DMAS and the agency’s Virginia Department of Health (VDH) license. Basic qualifications for personal care assistants include:

- Physical ability to do the work;
- Age 18 years or older;
- Ability to read and write in English to the degree necessary to perform the expected tasks and possess basic math skills;
- Ability to create and maintain required documentation;
- Have the required skills to perform the services;

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- Have a valid social security number;
- Receive tuberculosis (TB) screening as specified in criteria used by the Virginia Department of Health <http://www.vdh.virginia.gov/TB/Policies/screening.htm#cand>;
- Meet one of the following qualifications:
 1. Have certification as a nurse aide issued by the Virginia Board of Nursing. A copy of the state certificate must be maintained in the assistant's personnel record. If the certification has expired and the assistant has not renewed the certification, the agency must contact the Board of Nursing to ensure that the assistant's certification was not revoked for disciplinary reasons and that the assistant meets one of the other DMAS requirements.
 2. Have satisfactorily completed a nurse aide education program approved by the Virginia Board of Nursing. The Board of Nursing has an approved list of educational curricula offered by educational institutions throughout the Commonwealth of Virginia which offer certificates qualifying the student as a Nursing Assistant or Home Health Aide. If an assistant has successfully completed one of these Board of Nursing-approved courses, the provider must obtain a copy of the applicant's certificate, ensure that it is from a Board of Nursing-accredited institution, and maintain this documentation in the assistant's personnel file for review by DMAS staff.
 3. Have satisfactorily completed a nursing education program preparing for registered nurse licensure or practical nurse licensure;
 4. Be successfully enrolled in a nursing education program preparing for registered nurse or practical nurse licensure and have currently completed at least one nursing course that includes clinical experience involving direct client care; or
 5. Have satisfactorily passed a competency evaluation program that meets the criteria of 42 CFR 484.36 (b). Personal care assistants need only be evaluated on the tasks in 42 CFR 484.36 (b) as those tasks relate to the personal care services to be provided.

Regardless of the method of training received, documentation must be present indicating the training was received prior to assigning an assistant to provide services for an individual. Based on continuing evaluations of the assistant's performance and the individual's needs, the RN Supervisor shall identify any significant gaps in the assistant's ability to function competently and shall provide the necessary training.

- In addition to the initial training requirements for personal care assistants, each assistant must have a minimum of 12 hours of training annually. This training is provided by the provider agency and must be related to the performance of personal care services.

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Documentation of this training must be kept in the employee's personnel files. DBHDS offers trainings for direct support professionals who work with children with intellectual and development disabilities. These trainings are available on the DBHDS website, www.dbhds.virginia.gov.

- The provider should verify all information on the employment application prior to hiring a personal care assistant. The assistant must have a satisfactory work history as evidenced by two (2) satisfactory reference checks from prior job experience, including no evidence of abuse, neglect, or exploitation of incapacitated or older adults and children. If the assistant has worked for a single employer, one (1) satisfactory reference from a prior job experience and one (1) personal reference both with no evidence of abuse, neglect, or exploitation of an incapacitated or older adult is acceptable. If possible, obtain references from the educational facility, vocational school, or institution where the assistant's training was received. Documentation of the date of the reference check, the individual contacted and his or her relationship to the assistant (friend, co-worker, supervisor), and the content of the reference check must be maintained in the employee's personnel record. These qualifications must be documented and maintained in the provider personnel files for review by DMAS staff.
- Providers are responsible for complying with § 32.1-162.9:1 of the *Code of Virginia* regarding criminal record checks and crimes against minors obtained through the Virginia State Police. The personal care assistant must submit to a search of the VDSS Child Protective Services (CPS) Central Registry if the individual receiving services is a minor child. The provider **shall not hire any persons who have been convicted of barrier crimes as defined in § 32.1-162.9:1 of the Code of Virginia or has a founded complaint confirmed by the CPS Central Registry.**
- The provider must have documentation proving that a criminal background check and CPS Central Registry check, if applicable, was obtained. This documentation must be made available to DMAS staff upon request.

3. Licensed Practical Nurse (LPN)

Each LPN hired by the provider must be evaluated by the provider to ensure compliance with qualifications as required by DMAS. Basic qualifications for LPNs include:

- The LPN must be able to practice in the Commonwealth of Virginia;
- Have at least one (1) year of related clinical experience as a LPN. Clinical experience may include work in an acute care hospital, public health clinic, home health agency, rehabilitation hospital, or nursing facility.

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- A satisfactory work history as evidenced by two (2) satisfactory reference checks from prior job experience, including no evidence of abuse, neglect, or exploitation of incapacitated or older adults or children, recorded in the nurse's personnel file. If the LPN has worked for a single employer, one (1) satisfactory reference from a prior job experience and one (1) personal reference both with no evidence of abuse, neglect, or exploitation of an incapacitated or older adult is acceptable.
- Providers are responsible for complying with § 32.1-162.9:1 of the *Code of Virginia* regarding criminal record checks and crimes against minors obtained through the Virginia State Police. The LPN must submit to a search of the VDSS Child Protective Services (CPS) Central Registry if the individual receiving services is a minor child. The provider **shall not hire any persons who have been convicted of barrier crimes as defined in § 32.1-162.9:1 of the Code of Virginia or has a founded complaint confirmed by the CPS Central Registry.**
- The provider must have documentation proving that a criminal background check and CPS Central Registry check, if applicable, was obtained. This documentation must be made available to DMAS staff upon request.
- If possible, references should be obtained from the educational facility, vocational school, or institution where the LPN received training. Documentation of the date of the reference check, the individual contacted and their relationship to the LPN (friend, co-worker, supervisor), and the content of the reference must be maintained in the employee's record.

Documentation of all staff credentials must be maintained in the provider's personnel files for review by DMAS or its contractor. Personal care service providers may be related to an individual, but may not be the parents (biological, step parent, adoptive, legal guardian) of children less than 18 years of age or the individual's spouse. Payment may not be made for services furnished by other family members unless there is objective written documentation as to why there are no other providers available to provide the care. Family members who provide personal assistance services must meet the same standards as providers who are unrelated to the individual and must be employed by an agency.

Consumer-Directed Personal Care

A participating Consumer-Directed (CD) Service Facilitator (SF) is a facility, agency, person, partnership, corporation, or association that meets the standards and requirements set forth by DMAS and has a current, signed Participation Agreement with DMAS or DMAS contracted managed care organization.

Service facilitation agencies provide supportive services designed to assist eligible individuals with the hiring, training, supervising, and firing responsibilities of Personal Care assistants, who

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perform basic health-related services. Any provider contracting with Medicaid to provide Service Facilitation services agrees to adhere to all of the policies and procedures as described in the provider agreement and this manual.

CD Services Facilitator (SF) Requirements

The CD Services Facilitator (SF) provides ongoing supervision of the individual’s Person Centered Plan of Care. The SF must possess a combination of work experience and relevant education that indicates possession of the following knowledge, skills, and abilities. Such knowledge, skills, and abilities must be documented on the SF’s application form, found in supporting documentation, or observed during the interview and maintain in the employee’s personnel file.

Observations during the interview must be documented. The knowledge, skills, and abilities shall include, but are not necessarily limited to:

1. Knowledge of:
 - Types of functional limitations and health problems that are common to individuals with disabilities, as well as strategies to reduce limitations and health problems;
 - Child development and developmental disabilities;
 - Physical assistance typically required by people who have physical and developmental disabilities, such as transferring, bathing techniques, bowel and bladder care, and the approximate time those activities normally take;
 - Equipment and environmental modifications that are commonly used and required by people who have physical and developmental disabilities which reduce the need for human assistance and improve safety;
 - Various long-term care program requirements, including nursing facility level of care criteria, Medicaid waiver services, and other federal, state, and local resources that provide personal assistance and respite services;
 - Various behavioral health program requirements;
 - DMAS consumer-directed personal care program requirements, as well as the administrative duties for which the individual will be responsible;
 - Conducting assessments (including environmental, psychosocial, and functional factors) and their uses in care planning;
 - Interviewing techniques;

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- The individual's right to make decisions about, direct the provisions of, and control his or her services, including hiring, training, managing, approving time sheets, and firing a personal care assistant;
 - The principles of human behavior and interpersonal relationships; and
 - General principles of record documentation.
2. Skills in:
- Negotiating with individuals and service providers;
 - Observing, recording, and reporting behaviors;
 - Identifying, developing, and providing services to individuals who have disabilities; and
 - Identifying services within the established services system to meet the individual's needs.
3. Ability to:
- Report findings of the assessment or onsite visit, either in writing or in an alternative format for persons who have print impairments;
 - Demonstrate a positive regard for individuals and their families;
 - Be persistent and remain objective;
 - Work independently, performing position duties under general supervision;
 - Communicate effectively both orally and in writing; and
 - Develop a rapport and communicate with different types of persons from diverse cultural backgrounds

DMAS offers a training program for Service Facilitators. This training covers all of the key responsibilities of being a services facilitator. This training is available at; <http://www.vcu.edu/partnership/servicesfacilitators/index.html>. Service Facilitators must complete required training and competency assessments and maintain satisfactory competency assessment results in the personnel record.

Documentation of a required degree or license and previous satisfactory experience must be maintained in the provider's personnel file for review by DMAS staff. There must also be documentation of

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positive work history as evidenced by at least two satisfactory reference checks recorded in the SF's personnel file including no evidence of abuse, neglect, exploitation of incapacitated older adults or children.

Providers are responsible for complying with § 32.1-162.9:1 of the *Code of Virginia* regarding criminal record checks and crimes against minors obtained through the Virginia State Police. The SF must submit to a search of the VDSS Child Protective Services (CPS) Central Registry if the individual receiving services is a minor child. The provider shall not hire any persons who have been convicted of barrier crimes as defined in § 32.1-162.9:1 of the Code of Virginia or has a founded compliant confirmed by the CPS Central Registry.

If the SF is not a RN, the provider must inform the individual's primary health care provider that services are being provided and request consultation as needed. A lapse in qualified SF availability may require that the provider subcontract with another SF provider until appropriate staff can be hired. If the provider is unable to provide services for a period of 30 days, the provider should notify individuals and provide choice of a new SF provider. When the individual has chosen a new provider the SF should transfer the individual's services and immediately notify the service authorization entity.

Employer of Record

Individuals choosing to receive services through the CD model may do so by choosing a SF to provide the training and guidance needed to be an employer. As the employer, the individual is responsible for hiring, training, supervising, and firing attendants. The individual may choose to designate a person to serve as the employer on his/her behalf. The individual or the chosen designee is the Employer of Record (EOR). If the individual is under 18 years of age the parent or responsible adult must serve as the EOR. A person serving as the EOR cannot be the paid caregiver, attendant, or SF. An EOR can only serve on behalf of one individual. The only exception to this is that EORs can serve on behalf of multiple individuals only if the individuals reside at the same address.

It is the individual's responsibility to hire, train, supervise, and, if necessary, fire the Personal Care assistant. Each Personal Care assistant hired by the individual must be evaluated by the individual to ensure compliance with the minimum qualifications as required by DMAS.

Specific duties of the individual or EOR, as the employer of the CD personal care assistant, include checking references, determining that the employee meets basic qualifications, submitting required hiring documentation to the fiscal employer agent (F/EA), training, supervising performance, and submitting time sheets to the F/EA on a consistent and timely basis. CD attendants are not eligible for Worker's Compensation.

The inability to obtain and retain Personal Care assistants can be a serious threat to the safety and health of an individual. If an individual is consistently (over a 30-day period) unable to hire and retain the employment of a Personal Care assistant, the CD Service Facilitator should talk to the

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individual about Agency Directed Personal Care services.

CD Personal Care Assistant Requirements

It is the individual's or their chosen Employer of Record's (EOR) responsibility to hire, train, supervise, and, if necessary, fire the Personal Care assistant. The EOR is considered the employer and can be the individual or someone chosen by the individual to represent them. Each Personal Care assistant hired by the EOR must be evaluated by the individual to ensure compliance with the minimum qualifications as required by DMAS. Basic qualifications for Personal Care assistants include:

- Being 18 years of age or older;
- Being able to read and write in English and possess basic math skills to the degree necessary to perform the tasks expected;
- Having the required skills to perform care as specified in the individual's Person Centered Plan of Care;
- Possessing a valid Social Security Number;
- Submitting to a criminal history record check and a child protective services central registry check for assistants that care for minor children. Providers are responsible for complying with § 32.1-162.9:1 of the Code of Virginia regarding criminal record checks. The criminal record check shall be available for review by DMAS staff who are authorized by the agency to review these files. The Personal Care assistant will not be compensated for services provided to the individual once the records check verifies the Personal Care assistant has been convicted of any of the crimes that are described in § 32.1-162.9:1 or § 37.2-416 of the Code of Virginia.;
- Willingness to attend or receive training at the EOR's/family's/individual's request;
- Understanding and agreeing to comply with the CD Personal Care services program requirements; and,
- Receive periodic tuberculosis (TB) screening as specified in criteria used by the Virginia Department of Health <http://www.vdh.virginia.gov/TB/Policies/screening.htm#cand>

A personal care assistant cannot be the parent (biological, step parent, adoptive, legal guardian) of the minor child or spouse of the individual receiving personal care services. Payment may be made for services rendered by other family members or caregivers living under the same roof as the individual receiving personal care services only when there is written, objective documentation as to why no other

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assistant is able to provide services for the individual. The family member or caregiver providing personal care services must meet the same requirements as other personal care assistants. In addition, anyone who has legal guardianship for the individual shall also be prohibited from being a personal care assistant under this program. Personal care assistants are prohibited from also serving as the EOR for the individual receiving personal care services.

The EOR should verify information on the application form prior to hiring a Personal Care assistant. It is important that the qualifications are met by each Personal Care assistant to ensure the individual's health and safety. These qualifications must be documented by the EOR and maintained by the CD Service Facilitator for review by DMAS staff.

CD Service Facilitators are not responsible for finding Personal Care assistants for the individual, however, they are required to support the individual by providing hiring resources. CD Service Facilitators are also not responsible for verifying Personal Care assistants' qualifications. This is the EOR's responsibility.

Provider Enrollment

All providers who wish to participate with Virginia Medicaid should enroll through the online enrollment system available on the Virginia's Medicaid web-portal at: www.virginiamedicaid.dmas.virginia.gov. Providers can also download a paper application from the Virginia Medicaid web-portal.

For assistance with the online or paper enrollment process, please contact Xerox Provider Enrollment Services at 1-888-829-5373.

For children whose EPSDT Personal Care is service authorized by a Medicaid MCO, providers should contact the MCO for provider enrollment information.

ELIGIBILITY CRITERIA

EPSDT Personal Care services are available to currently enrolled Medicaid or FAMIS Plus members under the age of 21 years and FAMIS Fee for Service members under the age of 19 who meet medical necessity criteria for Personal Care services. Medicaid or FAMIS Plus members enrolled in Medicaid Managed Care Organizations (MCOs) are eligible to receive EPSDT Personal Care Services. Children enrolled in FAMIS MCOs do not have the EPSDT Personal Care benefit and are not eligible for EPSDT Personal Care. Children enrolled in FAMIS MCOs who have personal care needs should contact the local Department of Social Services (DSS) to inquire about the application process for the Commonwealth Coordinated Care (CCC) Plus Waiver, formerly known as the Elderly or Disabled with Consumer Direction (EDCD) Waiver.

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Personal Care available through Home and Community Based Waivers

In addition to the CCC Plus Waiver, personal care is also available through the Community Living (CL) Waiver and Family and Individual Support (FIS) Waiver administered through the Department of Behavioral Health and Developmental Services (DBHDS). Current CMS guidelines require that individuals under age 21 enrolled in a Home and Community Based Waiver who meet medical necessity for personal care services receive the service through EPSDT Personal Care instead of the waiver program.

Effective 8/1/2017, DBHDS will apply EPSDT criteria when completing personal care service authorizations for children on the FIS and CL Waivers. Children currently receiving personal care services through the CCC Plus Waiver will begin receiving personal care under EPSDT criteria after transitioning to CCC Plus as discussed in the next section.

Medicaid Managed Care

Consistent with Virginia General Assembly and Medicaid reform initiatives, DMAS is moving forward transitioning individuals from fee-for-service models into managed care. Beginning August 1, 2017, EPSDT Personal Care will be included as part of the managed care services depending on the managed care program in which the child is enrolled.

Managed Care Program	Coverage for EPSDT Personal Care
Medallion 3.0	Carved out, not covered by MCO. Service authorized by DMAS or its contractor*
CCC Plus (effective 8/1/17)	Covered and service authorized by MCO.*
FAMIS MCO	No coverage for EPSDT Personal Care

**EPSDT Personal Care for children enrolled in the CL and FIS Waivers is carved out of the CCC Plus contract. EPSDT personal care is service authorized by DBHDS for all children enrolled in the CL and FIS Waivers (FFS, Medallion 3.0 and CCC Plus).*

Children enrolled in Medallion 3.0

For children enrolled in Medallion 3.0, EPSDT Personal Care services are carved out from the services provided by a DMAS contracted MCOs. **MCOs with a Medallion 3.0 contract are not required to cover Personal Care services for Medicaid/FAMIS Plus members.** Individuals enrolled in a MCO with a Medallion 3.0 contract access EPSDT Personal Care services by following the process outlined in the Service Initiation Section of this chapter.

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Children Enrolled in Commonwealth Coordinated Care Plus (CCC Plus)

CCC Plus is a new statewide Medicaid managed care program beginning August 1, 2017. CCC Plus will serve individuals with complex care needs, including children enrolled in Home and Community Based Waivers, through an integrated delivery model that includes medical services, behavioral health services and long-term services and supports. Children enrolled in CCC Plus, with the exception of those children enrolled in the CL and FIS Waivers, will receive EPSDT Personal Care Services through the MCO. Providers and families should contact the MCO for information on obtaining service authorization for EPSDT Personal Care. Contact information for CCC Plus MCOs is located at http://www.dmas.virginia.gov/Content_pgs/mltss-proinfo.aspx.

Medical Necessity

Health conditions (medical and/or behavioral health), which include Autism spectrum and other Developmental Disorders, must cause the individual to be functionally limited in performing three or more activities of daily living (ADL). These categories are bathing, dressing, transfers, ambulation, eating/feeding, toileting, and continence. Requiring prompting, verbal cueing, multiple reminders or supervision during an ADL is considered a dependency in that ADL for EPSDT related requests. For example, a child with autism may need step by step prompts to complete an ADL successfully. The need for prompting would qualify the child as dependent with that ADL.

The child's need for assistance with ADLs due to a health condition must be documented by the child's primary care provider on the EPSDT Functional Status Assessment Form (DMAS-7). The form must be completed and signed by a physician, physician's assistant or nurse practitioner and updated every year.

Service Requests for Young Children

The individual's inability to perform activities of daily living cannot be exclusively due to age. The functional deficits resulting from normal attainment of developmental milestones are not subject to EPSDT treatment because these functional deficits are not due to a health or mental health condition. By signing the DMAS-7, the primary care provider attests that the care needs are related to a health condition and not due to functional limitations associated with the normal attainment of developmental milestones.

Chapter IV of the DMAS Pre-Admission Screening Manual provides detailed criteria for determining when a child can be considered dependent with ADLs by age and should be used as a resource when DMAS or its service authorization contractor is considering whether an ADL dependency is exclusively due to age or is also related to a health condition. For example, a child younger than 12 months should be totally dependent on another person for bathing. However, a child under the age of 12 months who has characteristics that make bathing very difficult

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(hypertonia, spastic involuntary movement, sensory/cognitive issues, etc..) can meet the ADL criteria for EPSDT Personal Care because his or her dependency with bathing is not exclusively due to age.

Medically Necessary Supervision in EPSDT Personal Care and Attendant Care:

EPSDT allows supervision hours when it is medically necessary for the member to receive supervision due to a health condition. Disruptive behaviors such as aggression, self-injury, elopement/wandering, impulsivity, property destruction, etc. may require constant supervision from a personal care assistant to maintain the child's safety in addition to the hours required for ADL/IADL supports. The behaviors must be documented on the DMAS-7.

If there is clear, objective documentation as to why the caregiver in the home is unable to provide adequate supervision required to maintain the child's safety then the medically necessary supervision may be provided in the home while parents or caregivers are present. For example, a parent is the sole caregiver available and there are multiple children in addition to the member in the home during the time the supervision hours are being requested. When a child has such extensive behavioral challenges it may be wise to refer the child for other services such as EPSDT Behavioral Therapy and/or other relevant behavioral health services. Children with extensive behavioral challenges who meet EPSDT Personal care criteria may receive Personal Care services as part of the overall Person Centered Plan of Care.

COVERED SERVICES AND LIMITATIONS

The Following Services Are Covered:

1. Assistance with ADLs: bathing, dressing, toileting, transferring, eating/feeding, ambulation and bowel and bladder continence. Assistance can include hands on care, prompting, verbal cueing, multiple reminders and/or supervision.
2. Assistance with IADLs related to the individual such as light housework, laundry, meal preparation, transportation, grocery shopping, using the telephone, and money management.
3. Medically Necessary Supervision related to a health condition.
4. Special Maintenance tasks including monitoring health status and physical conditions; assistance with self-administration of medication (not to include in any way determining the dosage or the direct administration of medication) and other tasks such as range of motion, wound care and bowel programs as allowed in accordance with the Virginia Administrative Code 18VAC90-20-420 et.seq. Delegation of Nursing Tasks and Procedures and the Code of Virginia § 54.1-3001(12).

The unit of service for Personal Care services is one hour. Payment is available only for allowable activities that are service authorized and provided by a qualified provider in accordance with an approved Person Centered Plan of Care (POC) and EPSDT program criteria.

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EPSDT Personal Care services are service authorized based on the hours and ADL support services documented in the Person Centered Plan of Care (DMAS-7A) and the provider's assessment (DMAS-99). Each EPSDT POC must be completed by either a Registered Nurse or CD Services Facilitator. If ADL or IADL hours are deemed excessive, the child's behaviors may be considered if these behaviors directly impact the ability to complete the ADL and IADL tasks.

Services can be provided in both the home and the community in which the child participates. Whether a child can receive the service along with another Medicaid funded service is dependent on the criteria of the other service. For example, with appropriate documentation, a child can receive EPSDT personal care simultaneously with EPSDT Behavioral Therapy as personal care is not a required component of EPSDT Behavioral Therapy.

The individual must have a realistic and viable back-up plan, such as a family member, neighbor, or friend who is willing and able to assist the individual on very short notice in case the Personal Care assistant does not show up for work as expected. This backup plan must be in writing and must be part of the individual's case record at the agency providing care or maintained by the Service Facilitation provider. The Personal Care or Services Facilitation provider is not responsible for providing back-up assistance. The provider is not responsible for contacting the person identified on the back-up plan; this is the responsibility of the individual/family. Individuals who do not have a back-up plan are not eligible for services until a viable, written backup plan is identified and included in the individual's record.

EPSDT Personal Care Services at School

EPSDT Personal Care Services, including Medically Necessary Supervision, may be provided in a school setting if the service is not included in the member's Individualized Education Program (IEP) and the services are deemed medically necessary. Providers must document the medical need for coverage in the school setting and document that the service is not included in the member's IEP. Personal care hours used during the school day, if authorized by the service authorization entity, count toward the total number of hours allowed based on the individual's daily need for care.

The Following Services Are *Not* Covered:

1. General Supervision
2. Respite
3. Performance of tasks for the sole purpose of assisting with the completion of a member's job requirements.
4. Assistance provided in hospitals, other institutions, assisted living facilities, and licensed group homes.

SERVICE INITIATION

The individual/guardian or case manager with consent from the individual/guardian may request that an EPSDT screener (physician, physician assistant or nurse practitioner) complete the EPSDT Functional Assessment Form (DMAS-7). The screener may bill for an inter-periodic screening if the screening is in excess of the periodicity schedule. The EPSDT screener forwards the completed

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DMAS-7 to the selected Personal Care agency or CD Service Facilitator.

Individuals may receive Personal Care through an agency-directed or consumer-directed model of care. The model of care is chosen by the individual or the caregiver if the individual is not able to make a choice. This choice must be made freely without interference from the provider or CD Service Facilitator. For children enrolled in FFS, Medallion 3.0 or the CL and FIS Waivers, a list of available personal care providers and CD Services Facilitators is available through the provider search on the DMAS Web Portal, www.viriniamedicaid.dmas.virginia.gov/wps/portal. Personal care services for children enrolled in CCC Plus, with the exception of those children enrolled in the CL and FIS Waivers, are coordinated by the MCO and the MCO should be contacted for list of available personal care agencies and CD service facilitators.

Development of the Person Centered Plan of Care (DMAS-7A)

Upon receipt of a completed DMAS-7 and before the delivery of services, the CD Services Facilitator or Personal Care Agency must conduct an assessment. The CD Service Facilitator or Personal Care Agency should consult with the individual's primary health care provider as necessary during the assessment and development of a Person Centered Plan of Care.

The Person Centered Plan of Care (DMAS-7A) must be completed by the personal care provider's RN or CD Service Facilitator prior to the start of care for any individual. The EPSDT Functional Assessment form (DMAS-7) indicates the personal care needs of the individual. Time does not need to be allocated for each of the tasks on the Person Centered Plan of Care; these may be checked or a description given, if necessary. Each service category should be totaled if time has been allotted to that category (ADLs, Special Maintenance, Medically Necessary Supervision, and IADLs).

There are situations in which the individual may benefit from services offered during two distinct shifts during the day (i.e., morning and evening). The provider must complete two plans of care, labeled morning or afternoon, to indicate each shift of services.

The provider is responsible for making modifications to the Person Centered Plan of Care as needed to ensure that the assistant and individual (or family) is aware of the tasks to be performed and that the hours and type of care are appropriate to meet the current needs of the individual. Any time the number of hours for an individual need to be changed, the provider must develop a new Person Centered Plan of Care reflecting the revised hours and submit the request for service authorization. The most recent Person Centered Plan of Care must always be in the individual's home. These plans of care and documentation of service delivery must be consistent with the information submitted for service authorization.

SERVICE AUTHORIZATION REQUIREMENTS

All services must be service authorized. The service authorization entity varies depending on the managed care and/or waiver program in which the child is enrolled.

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Program	Service Authorization Entity
FFS*	Service authorized by DMAS or its contractor.
Medallion 3.0*	Service authorized by DMAS or its contractor.
CCC Plus (effective 8/1/17)*	Service authorized by MCO, contact the MCO for service authorization information.
CL and FIS Waivers	Service authorized by DBHDS effective 8/1/17.

* with the exception of those children enrolled in the CL and FIS Waivers

Providers wishing to start services prior to the receipt of authorization do so with the knowledge that they are taking a risk of not receiving reimbursement for services provided.

For information regarding the service authorization submission process for FFS and Medallion 3.0, refer to the EPSDT Appendix A.

SERVICE AND DOCUMENTATION REQUIREMENTS

Agency-Directed Model

Individuals may choose agency directed services and select a personal care agency to provide their services. Once an agency has accepted the referral, services must be initiated by the RN Supervisor.

Initial Assessment Visit

The RN Supervisor must make an initial assessment visit on or before the start of care. An assessment visit must also be made when an individual is re-admitted after discharge from services or upon transfer from another provider. During this visit, the RN Supervisor must conduct and document the following activities:

- Review with the individual/family the needs identified by the EPSDT Screener as documented on the EPSDT Personal Care Functional Status Assessment (DMAS-7);
- Complete the Community-Based Care Individual Assessment Report (DMAS-99) based on the needs identified by the individual/family;
- Identify with the individual or family/caregiver, all individual needs to be addressed in the Person Centered Plan of Care (DMAS - 7-A) and develop a safe, appropriate Person Centered Plan of Care that will meet the identified needs of the individual;
- Review the Person Centered Plan of Care with the individual/family to ensure that there is complete understanding of the services that will be provided;
- Discuss and determine the appropriate frequency of supervisory visits with the

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individual/family and document the discussion to include the individual's/family's choice on the DMAS 99. The determination of supervisory visit frequency must be based on the individual's needs. The minimum frequency of these visits is every 90 calendar days;

- Prior to the start of services, introduce the assistant to be assigned to the individual. Each regularly assigned assistant must be introduced to the individual by the RN Supervisor, or other staff (this may be done by telephone) and oriented to the individual's Person Centered Plan of Care prior to the assistant's start of care for that individual. The RN/LPN Supervisor must closely monitor every situation when a new assistant is assigned to an individual so that any difficulties or questions are dealt with promptly;

Follow-up Visit

It is recommended that the RN/LPN Supervisor conduct a follow-up visit within 30 calendar days of the initial visit to assess the individual's needs and to make a determination as to whether the Person Centered Plan of Care sufficiently meets the individual's needs. The date of this visit must be documented on the DMAS 99.

RN/LPN Supervisory Visits

The RN/LPN Supervisor shall make supervisory visits as often as needed to ensure both quality and appropriateness of services and to supervise personal care assistants. The minimum frequency of these visits is every 90 calendar days.

During the RN/LPN Supervisory visit, the RN/LPN must determine if the Person Centered Plan of Care continues to meet the individual's needs, and document the review of the plan. If it does not, then a new Person Centered Plan of Care must be developed and if a change in the amount of hours is needed, the RN/LPN must submit the request to the service authorization entity for review.

A RN/LPN Supervisor must be available to the assistants by telephone at all times that an assistant is providing services to an individual. A provider may contract with a RN to provide this service. Ongoing assessment of the assistant's performance by the RN/LPN Supervisor is also expected to ensure the health, safety, and welfare of the individual.

If the supervising RN/LPN is unable to conduct the regular supervisory visit within required timeframes, it shall be documented in the individual's record with the reasons for the delay. Such supervisory visits shall be conducted within 15 calendar days of the individual's first availability.

Based on continuing evaluations of the assistant's performance and the individual's needs, the RN/LPN Supervisor shall identify any gaps in the assistant's ability to function competently and shall provide training as necessary. The RN/LPN Supervisor must also perform any subsequent evaluations or changes to the supporting documentation.

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RN Supervisory Visits

The RN Supervisor must conduct a review of home visits the LPN Supervisor's performance as well as to assess the on-going needs of the individual and services received. The RN Supervisor must identify any gaps in the LPN's supervisor's ability to function competently and shall provide training as appropriate.

Documentation Requirements – Agency Directed EPSDT Personal Care

The provider shall maintain a record for each individual. These records must be separated from records related to other services, such as companion services or home health.

The individual file must include the following:

- All EPSDT Personal Care Functional Status Assessment (DMAS-7);
- All provider Plans of Care (DMAS-7-A) fully signed and dated by the RN;
- All Community Based Care Recipient Assessment Report (DMAS 99) fully signed and dated by the RN/LPN Supervisor;
- Aide Records (DMAS-90);
- All RN/LPN Supervisor notes. The RN/LPN Supervisor notes must:
 - be completed as agreed upon by the individual/family;
 - be filed within two weeks of the supervisory visit;
 - document whether the assistant was present. The assistant must be present at a minimum of every other RN/LPN Supervisor visit;
 - document family satisfaction with services. The RN/LPN supervisor must document private conversations with the family to assess satisfaction with services at a minimum of every other month (either in person without the assistant present or by telephone during times the assistant is not in the home if the assistant is always present during the Supervisory visit);
 - document, using the DMAS-99, observations of the individual made during the visits as well as any instruction, supervision, or counseling provided to the assistant working with the individual;
 - document that the appropriateness and adequacy of the service based on the individual's current functioning has been discussed with the individual/family;
 - Include a RN/LPN Supervisor summary which notes:
 - any change in the individual's medical condition, functional status, and social support;
 - whether the individual continues to meet EPSDT personal care criteria;
 - whether the Person Centered Plan of Care is adequate to meet the individual's needs or if changes need to be made;
 - dates of any lapse of service and why (e.g., hospitalization admission and discharge dates, assistant not available, etc.);
 - the presence or absence of the assistant in the home during the visit; and
 - any other services received by the individual;

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- All provider contacts with the individual and others related to the individuals such as contacts with family members/caregivers, health professionals, formal and informal service providers, the service authorization contractor, DMAS, etc. All notes must be signed and dated and filed in the individual's records within two (2) weeks from the date of the contact;
- Copies of documentation entered by direct data entry that is submitted electronically via the service authorization entity's portal system;
- Documentation that the assistant's records were reviewed;
- Documentation of overall monitoring of the ongoing provision of services which includes:
 - The quality of care provided by the assistant, LPN (when utilized) and the RN;
 - The functional and medical needs of the individual and any modification necessary to the Person Centered Plan of Care due to a change in these needs; and
 - The individual's need for support in addition to care provided by personal care assistant.

Assistant Responsibilities/Required Documentation: Agency-Directed (AD) Model

The assistant is responsible for following the Person Centered Plan of Care, notifying the RN Supervisor of any change in condition, support, or problem that arises and documenting the performance of duties on the Aide Record (DMAS-90). The DMAS-90 must be completed on the day the service was delivered. The DMAS-90 is designed to contain one calendar week of service provision. Agencies may not, in any way, make changes to the DMAS-90.

Documentation on the DMAS-90 must include:

- the specific services delivered to the individual by the assistant;
- the assistant's actual daily arrival and departure times;
- the assistant's weekly comments or observations about the individual, including the individual's physical and emotional condition, daily activities, and responses to services rendered, and;
- any other information appropriate and relevant to the individual's care and need for services;
- the personal care assistant's and individual's/family's weekly signatures, including the date, to verify that personal care services have been rendered during that week as documented in the record. An employee of the provider cannot sign for the individual unless he is a family/caregiver of the individual. This family member cannot be the same family member who is providing the service. In instances where the individual is unable to sign and there is no family member or other legal representative to do so, the reason for the absence of this signature must be thoroughly documented on the DMAS-90. If the individual is unable to sign his/her signature on the DMAS-90 the individual may make an "X". The RN Supervisor must document on the DMAS 99 that the "individual is unable to sign the DMAS-90."

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Documentation on the DMAS-90 must be in the English language. Signatures, times and dates must not be placed on the personal care assistant's record prior to the last date that the services are actually delivered. The aide record sheets must be in the individual's record within two (2) weeks. Corrections to any form in the record must be made by drawing a line through the incorrect entry, then re-entered, initialed and dated with the correct information. Correction fluids (white-out) must never be used for correction. Copies of all documents are subject to review by state and federal Medicaid staff or representatives. It is the responsibility of the provider to ensure that the DMAS-90 are delivered to the provider and filed in the individual's record within two (2) weeks. A periodic review of the DMAS-90 must be done prior to filing it in the individual's record to ensure that the RN Supervisor is aware of any changes in the individual's needs or any changes in the Person Centered Plan of Care, which may be indicated by the assistant's documentation on the DMAS-90. An accurately signed and dated DMAS-90 is the only authorized documentation of services provided for which DMAS will reimburse. DMAS will not accept employee payroll time sheets in place of the DMAS-90.

Electronic Visit Verification (EVV)

Personal care agencies choosing to utilize HIPAA compliant EVV systems may do so by using a system that records and contains the same elements as the DMAS 90 and permits the system to verify the location from which the services are provided and the individual for whom the services are provided.

The EVV shall: 1. Ensure daily back-up for all data collected; 2. Protect data securely and reliably; 3. Demonstrate a disaster recovery mechanism allowing for use within twelve hours of disruption to services (subject to exceptional circumstances such as war and other disasters of national scope); and 4. Be capable of producing reports of all services and supports rendered, the individual's identity, the start and end time of the provision of services and supports and the date/s of service in summary fashion that constitute documentation of service that is fully compliant with regulation.

Each personal care assistant and individual/family receiving services will have a unique personal identification number or a biometric identification system. The personal care assistant shall not be able to enter or modify the time and date. The unique identification system shall constitute the necessary electronic signatures for services. No additional electronic or wet signatures shall be required.

Billing for Agency Directed Personal Care and Respite Services Under EVV, Effective October 1, 2019.

Beginning October 1, 2019, DMAS will no longer accept paper claims (CMS-1500) or direct data entry (DDE) claims for agency directed personal care and respite services. All agency providers

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submitting procedure codes associated with EVV must submit electronic EDI claims in the 837-P X12 standard. Should a provider submit claims for these services on paper, or via DDE, the claim will deny. The following link provides access to the 837 Professional Health Care Claims and Encounter Transactions Companion Guide:

https://www.dmas.virginia.gov/files/links/1157/MES_EPS_837P_Companion_Guide

Each of the following six (6) data elements must be captured for EVV:

- 1) The type of service(s) performed – service procedure code
- 2) The individual receiving the services – member’s Medicaid ID
- 3) The date of the service
- 4) The location of the service delivery – This is a physical address, city, state and zip code and not geographical coordinates. Two (2) locations will be captured, the beginning location and the ending location.
- 5) The individual providing the service – the aides first and last name, and a unique ID of the aide, which is generally an employee ID associated with the agency submitting the claim.
- 6) The time the service began and ended – this will be in the military format, 00:00 – 23.59

If any of these fields are not completed or incomplete on the 837P, the claim will deny with one or more of the following edits, which will be enabled, effective October 1, 2019:

- 1) Beginning Location Address, City, State, Zip Code must be present
- 2) Ending Location Address, City, State and Zip Code must be present
- 3) Attendant/Aides Last Name, First Name, and unique ID must be present
- 4) Time Service Begin – must be in valid 24-hour military time format
- 5) Time Service Ended – must be valid 24-hour military time format and after the begin time, either later in the same day, or the next day.

EVV will not be required for services in Department of Behavioral Health and Developmental Services (DBHDS) licensed facilities, such as a group home, sponsored residential home, supervised living, supported living or similar licensed facility, the REACH Program, or in a school setting. These agency providers must use a modifier of UB in association with the agency directed service procedure code when submitting their claim.

Consumer-Directed (CD) Model

Individuals choosing to receive services through the CD model may do so by choosing a SF to provide the training and guidance needed to be an employer.

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Service Facilitation Comprehensive Visit

The SF initiates services with the individual upon accepting the DMAS-7 from the EPSDT screener. The SF must make an initial comprehensive home visit prior to the start of care by a personal care assistant. During the visit, the SF will work with the individual/family to identify all support needs of the individual to be addressed in the Person Centered Plan of Care. Based on the information discussed and together with the individual/family, the SF will develop a safe, appropriate Person Centered Plan of Care that will meet the identified needs of the individual. The initial comprehensive visit is done only once upon the individual's entry into the service. If an individual changes SFs or the individual subsequently adds another CD service, the new provider must conduct and bill for a reassessment visit in lieu of a comprehensive visit.

Consumer (Individual) Training

The SF, using the Employer of Record Manual must provide the individual/EOR with training on the responsibilities as an employer within seven days of the completion of the comprehensive visit (SFs may complete the comprehensive visit and individual training in the same day, if appropriate). To assure that the training content for Employee Management Training meets the acceptable requirements, the SF must use the DMAS EOR Manual found on the DMAS website at www.dmas.virginia.gov. The SF must also follow the checklist outlined in the Consumer-Directed Individual Comprehensive Training Form (DMAS-488). This is an outline of the subjects that DMAS requires the SF to cover during the training. The SF must check each subject on the form after it has been covered, and obtain the required signatures and dates. This form must be maintained in the individual's file and be available for review by DMAS staff or DMAS contracted entity. The SF will ensure that the individual/EOR understands his/her rights and responsibilities in the program and signs all of the Participation Agreements including the DMAS-486 and DMAS-489. These forms must be signed before the individual can begin employing an assistant in the program. The SF should also provide assistance in filling out employer forms in the Employer of Record Welcome Packet that is received from the FEA.

NOTE: This training is for the employer of the assistant. The SF must not offer training of any type to the assistant.

Routine On-site Visits

After the comprehensive visit, SF conducts two in-home routine visits within 60 calendar days of the comprehensive visit (once every 30 calendar days) to monitor the individual/EOR's ability to hire and maintain assistants, to monitor the individual's Person Centered Plan of Care and assess both the quality and appropriateness of the services being provided. After the first two routine in-home visits, the SF and individual can decide how frequent the routine on-site visits will be however, a face-to-face meeting with the individual must be conducted at least every 90 days. The SF must review the individual's status, make any needed adjustments to the Person Centered Plan of Care, and provide any necessary information to the individual and record all significant contacts in the individual's file.

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If the SF is unable to make a visit due to inclement weather or the individual is not available, the SF must document on a progress note in the individual's record the reason for the delay in the visit and document when the next visit will occur. Such routine on site visits shall be conducted within 15 calendar days of the individual's first availability.

During visits with the individual, the SF must observe, evaluate, and consult with the individual/EOR and family/caregiver as appropriate and document the adequacy and appropriateness of the CD services with regards to the individual's current functioning and cognitive status, medical and social needs, and the established Person Centered Plan of Care on the DMAS-99. The individual's satisfaction with the type and amount of service must be discussed. The SF must determine if the Person Centered Plan of Care continues to meet the individual's needs, and document the review of the plan.

If it does not, then a new Person Centered Plan of Care must be developed and if a change in the amount of hours is needed, the SF must submit the request for service authorization.

The SF's documentation of this visit must include:

- Whether CD services are adequate to meet the individual's needs and whether changes to the Person Centered Plan of Care need to be made;
- Any suspected abuse, neglect, or exploitation and to whom it was reported. This must be reported to the Virginia Department of Social Services; Adult Protective Services (APS) or Child Protective services (CPS), as appropriate.
- Hospitalization or change in medical condition, functioning, cognitive status, or social support;
- The individual's or family's /caregiver's (as appropriate) satisfaction with services;
- The presence or absence of the attendant in the home during the visit;
- Any change in who is employed as the attendant. The F/EA cannot pay for any services until a completed packet is received for each employee;
- Dates of and reasons for any service lapses (hospitalization admission, attendant not available, etc.); and
- In addition to the information that must be documented in the SF's routine visit summary, there are several areas (such as bowel/bladder programs, range of motion exercises, catheter and wound care, etc.) that, when they are part of an individual's Person Centered Plan of Care due to physician's orders, require monitoring by the individual's primary health care professional or a RN and special documentation by the SF of their ongoing completion and the personal care assistant's qualifications to perform these tasks.

Verification of Time Sheets: The SF shall review copies of the time sheets quarterly or more frequently as appropriate to ensure that the hours of service provided are consistent with the Person Centered Plan of Care. Timesheets may be viewed on the F/EA web portal. If the individual, acting as the employer, is unable to sign the time sheet, the individual may make an "X" or a

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family/caregiver may sign on his behalf. If the individual is unable to sign or make an “X,” the SF must make a notation in the front of the individual’s record that “individual is unable to sign.” If discrepancies are identified in the time sheets in relation to the Person Centered Plan of Care, etc., the SF must contact the individual or EOR to resolve discrepancies. If there are consistently discrepancies in the time sheets and training has been offered to the individual/EOR, the SF must meet with the individual/EOR to determine if CD services remain appropriate (i.e., that the individual or EOR can manage the services).

Reassessment Visit

At least every six months, the SF must meet with the individual or family member/caregiver to conduct a reassessment of the individual’s current functional and social support status and a complete summary of all services reviewed. Documentation of the reassessment visit must include a complete review of the individual’s needs and available supports and a review of the Person Centered Plan of Care. The reassessment visit must be documented on a DMAS-99.

On-going Monitoring Activities

The SF is responsible for counseling an individual/EOR regarding the responsibilities as an employer; requesting service authorization changes based on the individual’s Person Centered Plan of Care as needed; consulting with the individual/EOR or family member/caregiver as needed; and discussing with the individual the need for additional community based services. The SF must be available by telephone to individuals receiving CD services during normal business hours, have voice mail capability, and return phone calls within 1 business day. The SF is not responsible for supervision of personal care assistants and has no authority in hiring/firing assistants. The EOR is solely responsible for attendant supervision.

If the SF determines that the health, safety, or welfare of the individual may be in jeopardy, the SF is responsible for making the appropriate referrals that may include APS/CPS, or if the person is unable to self-direct services a referral to an agency directed service provider may be appropriate.

Management Training

Management training is provided by the SF upon the request of the individual/EOR during an on-site visit. This training is designed to assist the individual/EOR in understanding employer related activities. Management training must not be used to train the attendant.

Management training can also be used to reimburse the SF for the costs of tuberculosis screening, cardiopulmonary resuscitation certification (CPR), and annual flu immunizations for assistants. The SF can bill DMAS for the costs of these requirements on behalf of the individual by billing for these costs in management training units and maintaining documentation of these costs in the individual’s file.

Individuals have the right to choose, hire, and employ an assistant whom they know has been

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convicted of a crime that is not prohibited in the applicable sections of the Code of Virginia (32.1-162.9:1), as may be amended from time to time. When doing so, individuals and family members/caregivers must understand this decision and that the consequences thereof are their sole responsibility. The Individual/Employer Acceptance of Responsibility for Employment form must be completed and submitted to the F/EA.

CD Services and Fiscal/Employer Agent (F/EA) Functions

The F/EA performs payroll activities on behalf of the EOR. DMAS contracts with the F/EA to ensure that payment to the attendant is based on the approved service authorization which documents the number of hours and services and time sheets approved by the EOR. Time worked by attendants is paid based on 15 minute units. The F/EA keeps payment records, and follows all tax rules on the EOR's behalf.

The SF or F/EA will provide a packet of employment information and necessary forms to the individual/EOR. The forms must be completed and returned to the F/EA before the attendant can be employed. The F/EA will handle responsibilities for the individual for paying the attendant and the related employment taxes. The F/EA will process all necessary employer related forms with the Internal Revenue Services in order to complete these duties.

The F/EA performs required criminal record checks for all assistants. When an assistant is providing services to an individual under 18 years of age the F/EA will screen assistants through the DSS CPS Central Registry. The F/EA will provide the individual/EOR with the results of the criminal record request and/or the CPS check and document in the individual's F/EA record that the individual or family member/caregiver has been informed of the results of the criminal record or CPS registry check. If the attendant has been convicted of crimes described in 12 VAC 30-90-180, or if the registry confirms a founded complaint on the assistant, the assistant will no longer be reimbursed under this program for services provided to the individual effective the date the individual or EOR was notified of the criminal record/CPS registry finding.

Documentation Requirements - Consumer-Directed (CD) Model

Documentation must clearly indicate the dates and times of CD services delivery (i.e., time sheets).

The SF must maintain records for each individual served. These records must be separated from those of any other services that may be provided by the SF/SF's employer. All documentation must be filed in the individual's record within two (2) weeks from the date of the visit/contact. The individual file must include the following:

- All EPSDT Personal Care Functional Status Assessment (DMAS-7) forms and any required service authorization documentation as detailed in the most current instructions for the DMAS-7;
- All provider Plans of Care (DMAS-7-A) fully signed and dated by the SF;

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- All Community Based Care Recipient Assessment Report (DMAS 99) fully signed and dated by the SF. Only the DMAS-99 may be used for assessments/reassessments. The start date on the Person Centered Plan of Care will be the start date of service facilitation services for the individual;
- Copies of documentation entered by direct data entry that is submitted electronically via the service authorization entity's portal system;
- All provider contacts with the individual and others related to the individuals such as contacts with family members/caregivers, health professionals, formal and informal service providers, the service authorization entity's, DMAS, etc. All notes must be signed and dated and filed in the individual's records within two (2) weeks from the date of the contact;
- All management training provided to the individual/EOR or member/caregiver, including the individual's or family'/caregivers' responsibility for the accuracy of the attendant's time sheets;
- All documents signed by the individual or the family/caregiver that acknowledge the responsibilities for receipt of the services;
- If tasks are performed requiring nurse delegation, the RN's documentation of training, supervising, and all other related information and documentation must be maintained by the service facilitation provider.
- Documentation of the SF's assessment on the DMAS-99 which includes:
 - observations of the individual made during the visits.
 - any change in the previously documented individual's medical condition, functional status, and social support, which may require modifications to the Person Centered Plan of Care;
 - documentation the individual continues to meet EPSDT Personal Care criteria;
 - documentation that the Person Centered Plan of Care was reviewed with the individual/EOR and family/caregiver to determine if it is adequate to meet the individual's needs or if changes need to be made;
 - dates of any lapse of services and why (e.g., hospitalization, assistant not available, etc.);
 - documentation that the appropriateness and adequacy of services was discussed with the individual/family.
 - the presence or absence of the assistant in the home during the visit.
 - documentation of individual/EOR and family/caregiver satisfaction with the services; and,
 - any other services received by the individual.

All criteria and documentation requirements must be met for the entire time the service is provided in order to be reimbursed through EPSDT Personal Care.

DELEGATION OF SKILLED SERVICES

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Personal care services shall not include either practical or professional nursing services as defined in the Nurse Practice Act with the exception of skilled nursing tasks that may be delegated pursuant to the Virginia Administrative Code 18 VAC 90-20-420 et seq... The delegating RN is responsible for identifying and assessing if the personal care assistant is capable of performing the skilled nursing activity. If the RN delegates this activity to an assistant, the provider/SF must maintain the following documentation:

- The name of the RN, a copy of the RN's current license, and license number, and qualifications as stated earlier in this chapter;
- A description of the assessment conducted by the RN that includes the clinical status and stability of the individual's condition;
- The specific tasks that are to be delegated to the assistant;
- A description of the instruction given to the assistant, and confirmation by the RN that the assistant has been witnessed successfully giving the care;
- Review notes by the RN demonstrating the delegated activity is monitored and supervised by the RN at least every 90 calendar days, or more often if determined appropriate; and
- A current physician's order for the service(s). A new physician's order must be obtained every six (6) months or more frequently if changes in the individual's condition occur.

Exemption of Nurse Delegation Requirements

For CD services, The *Code of Virginia* § 54.1-3001(12) states "any person performing state or federally funded health care tasks directed by the consumer which are typically self-performed for an individual who lives in a private residence and who, by reason of disability is unable to perform such tasks but who is capable of directing the appropriate performance of such tasks" is exempted from the Nurse Practice Act and nurse delegation requirements.

Key requirements for the exemption from nurse delegation requirements:

- Applies to consumer-directed services only
- Applies to tasks that are "typically" self-performed
- The individual receiving service must be capable of directing the attendant in the appropriate performance of the task.
- The individual must live in a private residence
- The individual must be unable to perform the tasks due to a disability

REIMBURSEMENT

EPSDT Personal Care Providers are reimbursed at the current payment rate used by the Home and Community Based Waivers.